U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

OWN DROP		T			
1. File Number U -	2. Fiscal Year Covered From:				
5786	1 / 1 / 2004 Through: 12 / 31 / 2004				
3. Name and address of person filing.	Name, file number, and address of labor organization.				
Name Barry Aldrich		Name IBEW Local 176			
		Labor Organization File Nur	mber 028-86	5	
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any				
Street 316 North St.		Street 1100 NE Front	age Rd	100 Sendard Sancracker (agreement) and Sendard Sancracker (Agreement) (Agreement)	e de la companya de l
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State Illinois	ZIP Code + 4 60544 6045c	State Illinois		ZIP Code + 4	60431
Position in labor organization.	ve Board Member		······································	Consequences and the State of Engineering and the Engineering and Engineering a	
	a nast fiscal year you or your enor	use or minor child directly or ind	lirectiv had any o	f the following in	itoracte
Enter appropriate data below If, during the	(except as specified in the exclu-	sions set forth in the instruction	s);		
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Name of Person Filing Barry Aldrich	File Number U-					
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.						
8. Name and address of Business (including trade name, if any). Name Arnold & Kadjan Trade Name, if any: Attorney P.O. Box, Bldg., Room No., if any Street 19 W. Jackson Blvd. City Chicago State Illinois ZIP Code + 4 60604 10. If 9.b. or 9.c. is checked give trust or employer's name.	9. Business deals with: a. Labor Organization b. Trust c. Employer 11.a. Nature of such dealing. Arnold & Kadjan is the labor unic	n's legal counsel				
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	Arnold & Kadjan is the labor union's legal counsel 11.b. Approximate dollar value of such dealing. \$19,449					
State ZIP Code + 4	12.a. Nature of interest held or income received. Holiday party dinner 12/3/04					
	12.b. Amount.	\$298				
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.						
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment.					
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.					